

Houston Center for Quality of Care & Utilization Studies

VA Health Services Research & Development

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Dr. Terri Menke develops an economics research agenda at the Houston Center of Excellence

By Terri Menke, PhD

Much of the research that I conduct falls under one of two broad topics, patterns of health care utilization among different patient subgroups and cost analyses.

The first topic area entails examining the effects of patients' socioeconomic characteristics on health care utilization. A large body of literature has documented differences in health care utilization among patients with different socioeconomic and demographic characteristics. In particular, individuals with no health insurance, low incomes, and in minority groups tend to receive less outpatient care, but more emergency department and inpatient hospital care.

The VA provides an excellent setting for examining the role of socioeconomic factors in determining health care use. The VA is an equal access medical care system in which lack of health insurance or low income is not a barrier to obtaining care. VA patients tend to have low incomes, no health insurance, and chronic medical conditions (Ashton, Petersen, Soucek, Menke, et al. 1999). Veterans who have a military service-connected disability or who have low income have the highest priority for receiving VA medical care, and most VA users pay nothing for their VA care. Furthermore, physicians are salaried and cannot increase their incomes by altering their practice patterns.

In addition, the VA environment minimizes nonfinancial barriers to care. Both the VA and veterans service organizations operate transportation programs to facilitate use of VA facilities. The VA also emphasizes customer service, which includes spending enough time with patients to address their concerns, and keeping patients hospitalized until appropriate post-discharge care can be arranged. The VA also provides an atmosphere in which veterans have a sense of camaraderie with one another, and there is acceptance of all veterans,



Dr. Terri Menke

regardless of socioeconomic status. It is well known that veterans report high levels of satisfaction with VA care. Thus, the VA lacks both the financial and nonfinancial incentives of other health care systems that contribute to differential health care use among subgroups of patients

Because of the lack of financial and nonfinancial barriers for patients and the lack of financial incentives for physicians, it is expected that socioeconomic factors are unrelated to VA health care utilization. In VA, there are no financial barriers for patients who might be disadvantaged in other systems, such as minorities, those with low incomes or less education, or the uninsured. In addition, in VA there are no financial reasons for physicians to treat these patients differently. As a result, it is expected that the results of prior non-VA studies that found significant impacts of socioeconomic factors on health care use would not be replicated in the VA setting.

Two studies on patterns of health care utilization among HIV-infected VA users conducted with

Continued on page 7

New Staff

The Houston Center for Quality of Care and Utilization Studies (HCQCUS) is one of 11 VA Health Services Research and Development Field Programs (VA HSR&D). Established in 1990, the Houston Center systematically examines the impact of the organization, management and financing of health care services on the delivery, quality, cost, utilization and outcomes of care.

All Center research, technical assistance and post-doctoral training directly or indirectly serve the needs of our nation's veterans, or the VA health care system.

We have particular expertise in analysis of large health and hospital databases and health outcome analysis. Our primary areas of research include: determinants of utilization of health care, quality assessment using large databases, outcome measures of quality and effectiveness, assessing patients' values and preferences, qualitative methodology, and clinical outcomes.

Several Center researchers are clinicians at the Houston VA Medical Center, a member institute of the Texas Medical Center, and all Center researchers are Baylor College of Medicine faculty members.

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Cheryl B. Anderson, PhD (University of Houston) is a social psychologist and has joined the Houston Center as a research team leader. She recently completed a three-year post-doctoral fellowship in cancer prevention as a National Cancer Institute R25 Fellow at the University of Texas MD Anderson Cancer Center and School of Public Health. Her research focuses on the relationship between the self, social identity, and health behaviors such as physical activity, and she also has a special interest in the development of measurement scales. Cheryl lives in Katy, TX with her three children and three cats and spends any spare time that's left spinning at Memorial Athletic Club and riding as part of the Chevron Chemical Cycling Team.

Rebecca J. Beyth, MD, MS (Jefferson Medical College, Philadelphia; University of Michigan School of Public Health) is a physician-scientist who has recently joined the Section of Health Services Research. She did a fellowship in general internal medicine and geriatric medicine at Case Western Reserve University, Cleveland, OH and did her masters work in Clinical Research Design and Statistical Analysis in Ann Arbor, MI. She has been on faculty at Case Western Reserve University School of Medicine, Program in Health Care Research and attending at University Hospitals of Cleveland and the Cleveland VAMC. She is the recipient of a National Institute on Aging (NIA) Career Development Award on improving the use of anticoagulant therapy in older patients. Her other research interests include improving outcomes for patients and patient-physician interactions in clinical decision-making. Becca relaxes by spending time with her husband, John, their four children, Alexis, Nicole, Savannah and Jack, and their dog, Dylan.

Mark Kunik, MD (Baylor College of Medicine, University of Pittsburgh) comes to the Center with an HSR&D Advanced Research Career Development Award. Mark is a geropsychiatrist and has been at Baylor College of Medicine and the Houston VA for the past seven years. He has published widely on the assessment and treatment of psychiatric disorders in the elderly. He has particularly enjoyed mentoring, publishing papers, and engendering research enthusiasm in residents and students. Mark is currently a research leader with the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC). Mark will be investigating health service utilization in patients with dementia and psychiatric comorbidity. He is also interested in how the treatment of depression and anxiety in patients with chronic medical illnesses affects their quality of life, functional status, and health service use. Mark is married to Mardi and they have two boys, two and eight years old. Mark enjoys music. If you don't hear any music coming from his office, he is not there.

New Staff

Robert Morgan, PhD (University of Texas, Austin) has joined the Houston Center as a research Team Leader. He is returning to Texas after a two-year fellowship at the L.L. Thurstone Psychometric Laboratory at the University of North Carolina (Chapel Hill, NC) and 12 years in Miami, FL, where he was on the faculty at the University of Miami School of Medicine and was a researcher at the Miami VA Medical Center. His research interests include health care access and outcomes of care within the Medicare and VA health care systems. He and his wife, Kara, are looking forward to recovering their Texas accents and are enjoying being much closer to their families.

James Stacks, PhD (Texas A&M University) has joined the Houston Center as a post-doctoral fellow and holds a concurrent appointment at Baylor College of Medicine. He is currently involved in projects to develop instruments to assess capacity for informed consent in medical research participants, and to measure ethnicity differences in utilization of cardiac procedures. Dr. Stacks' other current interests include the application of information theory to psychometric measurement, specifically in the areas of language and language development.

Kimberly Wristers, PhD (University of Houston) joined the Houston Center as a research team leader. She specializes in measurement, statistics, and evaluation and is particularly interested in longitudinal data analysis and structural equation modeling. Her previous research with the Center for Academic and Reading Skills at the University of Texas Health Science Center focused on the study of reading disabilities in young students. She enjoys her current work on the dyspepsia project and looks forward to the start of the NIH project. When not working, Kimberly enjoys sand volleyball, reading, snow skiing, golf, fishing, and travel-

ing. She recently traveled to Australia and New Zealand. If you ask, she will tell you about diving with the dolphins, cave tubing and surfing down under.

Mark Kuebeler, MS (University of Delaware) is a new statistician at the field program. Prior to working at the field program, Mark was a graduate student in the Department of Statistics at Texas A&M University. Mark also served in the U.S. Army from 1977-1984.

Michael Thompson, MS (University of Texas, Austin) has joined the Houston VA Medical Center as a Programmer Specialist. He recently relocated from Austin, where he was employed by the Applied Research Laboratories of the University of Texas. Michael enjoys traveling, hiking, cooking, and volunteer work.

Esmeralda "Amy" Barrera-Kovach, MSW (University of Houston, Graduate School of Social Work) is a Research Health Science Specialist assisting Dr. Terri Menke. Amy's primary interest is in patients' values and beliefs. She is also interested in how these issues impact access to health care services, and adherence issues. Amy lives in Galveston with her husband, Bob, and two sons. Amy also facilitates a monthly Renal Support Group.

Elizabeth Martin has joined the Houston VA HSR&D as a program support assistant. Prior to HSR&D, Liz worked at Harvard University, then as secretary for the Chairman of the Department of Biophysics at Boston University School of Medicine. She has held several positions at Baylor and the VA for the Chief of Endocrinology and Associate Chief of Staff. Liz is looking forward to the upcoming graduations of her children at the University of Edinburgh and University of Chicago, School of Business, and one wedding in Scotland.

Houston VA research projects

Title: **Patient Preferences in End Stage Prostate Cancer**
Project Investigators: Nelda P. Wray, MD, MPH, Carol M. Ashton, MD, MPH, Baruch Brody, PhD, Margaret Byrne, PhD, Jane Geraci, MD, MPH, Julianne Soucek, PhD, Brian Giesler, PhD
Funding Agency: VA HSR&D

The primary purpose of this study is to determine whether the utilities (or values) that patients give different health states remain constant or vary over time as the patients' disease worsens. One hundred twenty patients with end stage prostate cancer have been entered into this study and will be followed until death. Each patient has the value of eight different hypothetical health states determined by two different utility methods. Across all patients, however, four different utility methods are being tested: standard gamble, time trade-off, willingness to pay and rating scale. Using the rank order that the patients give to these health states as a gold standard, we find that (a) the values applied by each of the utility methods are frequently inconsistent with the rank order, (b) different health states that can be discriminated by rank order frequently are not discriminated by the utility method, (c) utility values are frequently illogical in that health states that have greater symptom burden are frequently given better utility values, and (d) the results are not interval as assessed by Rasch analysis. These findings bring into question the use of these utility methods to guide and inform individual patient decision making.

Title: **Arthroscopic Treatment of Osteoarthritis of the Knee**
Project Investigators: Nelda P. Wray, MD, MPH, Bruce Moseley, MD, Terri Menke, PhD, Nancy Petersen, PhD
Funding Agency: VA Medical Research

This study is a randomized placebo-controlled trial of a surgical intervention (knee arthroscopy) in the management of osteoarthritis. Therefore, the fundamental question of this study is whether this procedure has any benefit greater than the placebo effect. Enrollment has been completed on this study, and 180 patients have been randomized: 60 placebo, 60 to arthroscopic lavage and 60 to arthroscopic lavage and debridement. Patients are being followed for two years. All patients have completed the six-month follow-up. The safety monitoring board is monitoring the progress of this study. The investigators remain blinded to the outcome. No patients in this study have suffered complications due to the procedure.

Title: **Effects of Functional Vertical Integration on Health and Resource Utilization Outcomes**
Project PI: Margaret Byrne, PhD
Funding Agency: VA HSR&D

The project is wrapping up. Results from the project have been presented at the 17th Annual Health Services Research and Development meetings in Washington DC. In addition, a manuscript entitled "Effects of Facility Level Characteristics on Health Care Performance Measures" will be submitted for publication shortly.

Title: **Service Line Evaluation Management Project**
Project Investigators: Carol M. Ashton, MD, MPH, Margaret Byrne, PhD, Nelda P. Wray, MD, MPH
Funding Agency: VA HSR&D

The project on service line use in the VA, a collaborative work with the Management Decision and Research Center (MDRC) in Boston, is continuing. Results from the organizational and patient satisfaction data will be

HCQCUS Research Activities

presented at a conference in Berkeley, CA, by Dr. Marty Charns, project PI. Data collected during the project on ambulatory care sensitive hospitalizations and primary care use were presented in a poster at the annual HSR&D meetings and will be presented at the Association for Health Services Research (AHSR) annual meetings in June.

Title: **Self-Perceptions as Determinants of Physical Activity in Early Adolescence**
Project PI: Cheryl Anderson, PhD
Funding Agency: Cancer Research Foundation of American (CRFA)

This is a one-year, renewable award to explore athletic identity in 8th grade adolescents and its relation to physical activity. Interventions which athletic self-concept may provide better long-term adherence to exercise, which has been strongly linked to reduced risk of colon cancer, as well as reduced risk of breast, endometrial, and prostate cancer. This is a hallmark grant for physical activity research, as it is the first behavioral physical activity grant to be funded in the primary prevention of cancer from any cancer agency. Qualitative data collection ($n=100$) for the development of a measurement scale will begin in September 1999 in three area school districts (Lamar Consolidated, Sealy, and Waller), and the scale will be pilot tested in the spring of 2000 ($n=48$). Validation of the resulting scale is scheduled for fall 2000 ($n=450$).

Title: **Racial Differences in Cardiac Procedures**
Project Co-PIs: Nancy Kressin, PhD, Laura Petersen, MD, MPH
Funding Agency: VA HSR&D

The major goal of this study is to determine the extent to which undergoing an invasive cardiac procedure is a function of race and health beliefs, controlling for clinical appropriateness and physician recommendation for treatment. Focus groups of black patients and white patients who had undergone noninvasive evaluation for ischemic heart disease were conducted in Houston in April. Using results of the focus groups, the researchers have developed patient and physician questionnaires. A five-site kick-off meeting was held in mid-June, and all five sites (Houston, Durham, Atlanta, St. Louis, and Pittsburgh) are currently piloting the questionnaires.

Title: **Appropriateness and Necessity of Cardiac Procedure Use After AMI in VHA**
Project PI: Laura Petersen, MD, MPH
Funding Agency: VA HSR&D

An extension is being requested to carry out a comparison of VHA care given for acute myocardial infarction with non-VHA care under Medicare financing. Health Care Financing Administration (HCFA) approval has been granted for permission to carry out this analysis. Criteria for use of medications in ideal candidates have been determined, the patient population has been identified, and programming has begun.

Title: **Racial Differences in Health-Related Quality of Life Among Potential Candidates for Revascularization**
Project Co-PIs: Nancy Kressin, PhD, Laura Petersen, MD, MPH
Funding Agency: American Heart Association -- Pharmaceutical roundtable

The purpose of this project is to assess the presence and magnitude of racial differences over time in health related quality of life among potential candidates for revascularization. Questionnaire piloting is underway now. Baseline health status data collection will start in July. Follow-up health status data collection will occur at 6 months and 12 months following enrollment.

Continued on next page

HCQCUS Research Activities

Title: **Resource Utilization and Outcomes in Patients with Chronic Heart Failure**
Project PI: Nancy Petersen, PhD
Project Collaborators: Carol M. Ashton, MD, MPH, Jane M. Geraci, MD, MPH, Julianne Soucek, PhD, Wednesday Foster, MPH, Michael Thompson, BA, Debra Thalberg, MM
Funding Agency: American Heart Association -- Pharmaceutical Roundtable

The primary aim of this study is to describe the patterns of utilization of inpatient, outpatient, and nursing home care among a large, nationwide cohort of veterans with chronic heart failure (CHF) who are identified based on their use of outpatient services. The effect of patient factors such as age and concomitant illness is to be examined, and outcomes such as readmissions, lengths of stay, use of emergency services, and mortality will be compared across the nine U.S. Census Bureau divisions using risk-adjusted models. This work is supported by a grant from the American Heart Association and the Pharmaceutical Roundtable.

Title: **Planning Studies for a Clinical Trial in Dyspepsia**
Project PI: Linda Rabeneck, MD, MPH
Co-Investigators: Julianne Soucek, PhD, Kimberly Wristers, PhD, Terri Menke, PhD, Nelda P. Wray, MD, MPH
Funding Agency: NIDDK

The overall goal of the work accomplished with this NIH RO3 planning grant is to lay the groundwork for a multicenter, randomized, double-blind, placebo-controlled trial to evaluate the efficacy and cost-effectiveness of alternative management strategies for patients with dyspepsia seen in primary practice. Dyspepsia, which is epigastric or upper abdominal pain of one or more weeks' duration, is extremely common and accounts for substantial health care expenditures. In addition, lack of consensus exists concerning its optimal management because there is insufficient scientific basis to guide clinical decision making.

The primary objective of this research is to evaluate the reliability, validity and responsiveness of SODA (Severity of Dyspepsia Assessment), a new multidimensional measure of dyspepsia-related health that we had previously developed. SODA consists of three scales measuring Pain Intensity, Non-Pain Symptoms, and Satisfaction with Dyspepsia-Related Health. The research is a randomized, double-blind, placebo-controlled trial comparing a 6-week course of antisecretory therapy (omeprazole) versus placebo in patients with dyspepsia who are followed over one year. SODA was administered at enrollment and 7 follow-up visits. We combined scores from both treatment groups in the analysis. Raw scores were transformed to equal-interval scores using a Rasch calibration. We evaluated reliability by calculating Cronbach's alpha. Criterion validity and responsiveness were evaluated by comparing mean change scores (enrollment score – follow-up score) of patients who reported that their abdominal discomfort was "improved" versus those who reported it was "unchanged" at 1 week. We analyzed data from 98 patients who had a mean age of 51 years. Median Cronbach's alpha estimates over the 8 visits for the SODA Pain Intensity, Non-Pain Symptoms, and Satisfaction scales were 0.97, 0.90, and 0.92, respectively. The mean change scores for all three scales discriminated between patients who were improved versus those who were unchanged ($p = 0.001$, $p = 0.04$, $p = 0.0005$, respectively). We concluded that SODA is an effective instrument for measuring dyspepsia-related health. SODA is multidimensional, equal-interval, and responsive to clinically meaningful change, with demonstrated reliability and validity for use as the primary outcome measure in randomized clinical trials.

Dr. Terri Menke

Continued from page 1

several colleagues provide evidence that the VA might provide more equal health care than other systems (Rabeneck, Menke, Hartigan, Simberkoff, and Wray 1996; Rabeneck, Menke, Soucek, and Wray 1996). Ethnicity, education, income, employment status, health insurance, and social support were not related to measures of inpatient hospital use or outpatient physician visits for HIV-infected patients. Instead, clinical factors, including age, HIV disease severity, and health status, were the most important factors associated with health care use. These results contrast with studies of non-VA HIV-infected patients, which found less outpatient care but more emergency department and inpatient hospital care for non-whites, females, patients without health insurance, and intravenous drug users (Mor, Fleishman, Dresser, and Piette 1992; Fleishman, Hsia, and Hellinger 1994).

Nevertheless, there may be differences among socioeconomic subgroups in the distribution among medical, mental health, and substance abuse care. Among the ethnic groups, whites received more outpatient medical care than blacks or Hispanics. However, blacks and Hispanics obtained more outpatient mental health care than whites. Hispanics obtained about twice as many outpatient substance abuse visits per patient than either whites or blacks. In addition, blacks were hospitalized the most often for medical, mental health, and substance abuse care, while whites were hospitalized the least often. Additional research is needed to further explore these differences.

These results came from analyses of a unique database, VA's HIV Registry, as well as primary data collected for a sample of HIV-infected VA patients. At each VA facility, at the time of diagnosis, each HIV-infected patient is entered into the HIV Registry. The Registry software extracts data from VA's automated medical record files, which include information on patients' sociodemographic characteristics, hospitalizations, outpatient visits, tests, medications, and dental care. Data are electronically transferred to the Information Service Center at the Hines VAMC in Chicago, which maintains the national HIV registry. Cumulatively, the HIV Registry contains data on over 30,000 patients. We also collected primary data for 1994 for a sample of

470 patients at five VA Medical Centers (VAMCs): New York, Miami, Houston, Los Angeles, and San Francisco. We used the primary data to obtain information on non-VA health care use by HIV-infected veterans, and on certain key socioeconomic characteristics that are not contained in the HIV registry, such as income, health insurance, and education.

We plan to conduct additional studies on patterns of utilization among HIV-infected individuals. One focus for this effort is the HIV Quality Enhancement Research Initiative (QUERI), established last year by VA to assist with quality improvement efforts. We hope to work in conjunction with the HIV QUERI Coordinating Center at the San Diego VA, under the direction of Samuel Bozzette, MD, PhD. This effort includes several dimensions. We will assist the HIV QUERI Coordinating Center to validate and improve the HIV Registry. The San Diego VA plans to verify the accuracy and completeness of the HIV Registry, and to transform it into a user-friendly database.

Another focus of our research will be to pursue the issue of how socioeconomic factors affect the amounts and kinds of health care received by HIV-infected patients. In particular, mental health and substance abuse patterns of care have not received much attention. A third focus of future research is to examine issues of adherence to antiretroviral therapy. This is an increasingly important issue, since the newest antiretroviral regimens are complex and have severe side effects. Failure to adhere to treatment can result in resistant strains of HIV, impairing the health of the individual as well as the public. Little is known about the factors associated with adherence to antiretroviral therapy. We plan to investigate the economic, psychological, social, and clinical factors underlying adherence.

Cost Analysis

Cost studies are my second major research area. Cost analyses provide information that policy makers and managers can use in deciding how to allocate budgets. For example, two completed studies examined the costs of mobile clinics in rural areas, and the impact on costs of regionalizing open heart surgery units (Menke and Wray 1999; Menke and Wray 1999).

Our study on open-heart surgery units provides a good example of how a cost analysis can be used in

Continued on next page

Dr. Terri Menke

Continued from page 7

program decision-making (Menke and Wray 1999). This study sought to project the impact on costs of closing one of four open heart surgery units in one of the VA's Veterans Integrated Service Networks (VISN). Such regionalization is often suggested as a way to cut costs. By consolidating an expensive service, like open heart surgery, in a few facilities, duplication of resources is thought to be eliminated. However, our analysis showed that net savings would only be a fraction of the total cost of treating open heart surgery patients. This is because the regionalized facilities would have to add staff and possibly intensive care unit beds to accommodate their new patients. In addition, a consolidated system has its own costs, including transferring patients to the regionalized facilities, communicating with the referring physicians and hospitals, and treating emergency cases.

Cost-effectiveness analysis is also an integral

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- Terri Menke, Ph.D.

component of clinical trials. By combining results on the efficacy of a new treatment with information on its costs, budgets can be spent to provide the most social gain. I am currently conducting cost-effectiveness analyses for three randomized controlled trials. One is examining arthroscopic surgery for osteoarthritis of the knee (Wray, Moseley, Menke, and Petersen 1994). A second study is comparing cognitive behavioral therapy for post-traumatic stress disorder and depression with the current standard of care (Dunn, Rehm, Hamilton, Menke, and Soucek 1997). A third study will compare antisecretory therapy alone to antisecretory therapy plus antimicrobial therapy for dyspepsia patients who test positive for helicobacter pylori

infection (Rabeneck, Wray, Wristers, Soucek, and Menke 1999).

Health Economics Resource Center (HERC)

The recognition of the importance of cost analyses is demonstrated by recent developments in the VA. The VA recently approved the Health Economics Resource Center (HERC), to be headquartered at the Palo Alto VA, with Paul Barnett, PhD, as Director, and Ciaran Phibbs, PhD, as Associate Director. I will participate as a member of the Expert Panel of economists, with Ann Hendricks, PhD (Bedford VA), and Denise Hynes, PhD (Hines VA). The HERC will construct an encounter level database that researchers and managers will be able to access. Training courses will be conducted on the methods of cost analyses, and the use of VA cost databases. The HERC will also provide assistance to researchers and managers with specific questions about cost-finding methods or cost data.

The HERC will fill an important gap in VA. The cost databases currently available in VA are inadequate for studying individual patients or specific medical conditions. The encounter level cost database that HERC will develop will allow researchers and managers to quickly obtain cost data for individual patients and medical services. In addition, it will disseminate information both about the new cost database and about appropriate methods for conducting cost studies. The HERC will continue the work begun in the Spring of 1998 when VA economists from all over the nation met to begin discussing how to improve cost analyses conducted in VA. Funding a new center specifically devoted to the development of cost data and methods was one suggestion, which ultimately resulted in HERC. A second outcome of the meeting was a special edition of *Medical Care*, which consists of articles contributed by several VA economists summarizing the current state-of-the-art in costing VA care (*Medical Care* April 1999 VA Supplement).

Once HERC has developed the encounter level cost database, I will be able to merge my interests in patterns of health care utilization with cost analyses. Examining patterns of care tells only part of the story. To fully understand how health care differs among patient subgroups, we must be able to combine different types of health care services. This type of aggregation requires some common

metric, which is often served by dollars. Examining patterns of health care costs will provide information on how differences in utilization translate into costs, and will make it easier to uncover the most cost-effective patterns of health care.

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Recent Publications

1. Ashton CM, Kuykendall DH, Johnson M, Wray NP. An empirical assessment of the validity of explicit and implicit process-of-care criteria for quality assessment. *Med Care* In press.
2. Geraci JM, Ashton CM, Kuykendall DH, Johnson ML, Soucek J, Del Junco DJ, et al. The association of quality of care and occurrence of in-hospital treatment-related complications. *Med Care* 1998; In press.
3. Giesler RB, Ashton CM, Brody B, Byrne MM, Cook K, Geraci JM, et al. Assessing the performance of utility techniques in the absence of a gold standard. *Med Care* 1999; 37:580-588.
4. Gordon HS, Rosenthal GE. The relationship of gender and in-hospital death: Increased risk of death in men. *Med Care* 1999; 37:318-324.
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Staff Achievements

April, 1999



Drs. Carol M. Ashton (pictured left) and **Nancy J. Petersen** published "Rates of Health Services Utilization and Survival in Patients with Heart Failure in the Department of Veterans Affairs Medical Care System," in the *American Journal of Medical Quality*

1999;14: 55-63.

Dr. Howard S. Gordon published "Racial Variation in the Use of Do-Not-Resuscitate Orders," in the *Journal of General Internal Medicine* 1999; 14:15-20.

Dr. Laura Petersen was selected as a reviewer for the *Annals of Internal Medicine*.

May, 1999



Dr. Debora A. Paterniti (pictured left) presented and published "Lives Unfolding: Focus Group Discussions and the Interplay of Self and Society," at the *Qualitative Research Conference* in Fredericton, New Brunswick, Canada.

Dr. Paterniti also presented "Methodological Issues in Studying Gender, Ethnicity, and Health Care," at the Department of Sociology, University of Houston.

Several investigators presented at the 22nd Annual Meeting of the Society of General Internal Medicine, in San Francisco, California. **Paul Haidet, MD, MPH**, gave an oral presentation on "Medical Student Attitudes Toward the Physician-Patient Relationship" and presented "All Skin Cancers Are Not Primaries." **Paul Haidet, MD, MPH**, and **Debora A. Paterniti**,

PhD, a qualitative sociologist, taught an educational workshop on "The Use of Computers in Qualitative Analysis." **Laura Petersen, MD, MPH**, presented two posters: "Potential Applicability of a Noninvasive Diagnostic Strategy in non-Q-wave Myocardial Infarction" and "Use of Lipid Lowering Agents at Discharge in Males with Hypercholesterolemia and Acute Myocardial Infarction." Dr. Laura Petersen is a VA Research Career Development Awardee. **Tracie Collins, MD, MPH**, and **Howard Gordon, MD** (pictured right) presented "Racial Variation in Observed to Expected Mortality Following Elective Surgery for Vascular Disease." Dr. Howard Gordon is a VA Research Career Development Awardee. **Jane M. Geraci, MD, MPH**, presented "Needs Assessment of Medical Trainees for an Evidence-Based Medicine Journal Club."



June, 1999

Dr. Tracie Collins, a general internist, received a \$50,000 Junior Faculty Award from Baylor College of Medicine and Smith Kline Beecham for 1999-2000. Dr. Collins' research focuses on the disease process, variation in care and physician-patient relationships.

Congratulations to **Michael Johnson, MS**, programmer, who received his PhD in Biometry from the University of Texas School of Public Health. Michael's research focuses on Markov and longitudinal modeling of changes in severity of illness leading to hospital discharge or death.

Dr. Johnson was also promoted to research Team Leader.



Dr. Margaret Byrne (pictured left), a health economist, was awarded a grant from the National Science Foundation's Professional Opportunities

Staff Achievements

for Women in Research and Education (POWRE) fund. Dr Byrne's POWRE grant will fund one year of study on the ethical issues related to the use of financial incentives for affecting health behavior. Dr. Baruch Brody, the Leon Jaworski Professor of Biomedical Ethics and Director of the Center for Medical Ethics and Health Policy at Baylor College of Medicine, will serve as Dr. Byrne's advisor and mentor for

the year of study.

Dr. Laura Petersen (pictured left), a general internist, received her second VA Research Career Development Award. Dr. Petersen's award, titled "Health Care Financing and Access to Care," will focus upon determinants of access to health care, including issues related to race,



financing mechanisms, insurance and primary care. The three-year VA Career Development Award is sponsored by VA HSR&D.

Linda Rabeneck, MD, MPH, FRCPC, has been appointed to the editorial board of the monthly scientific journal *Gastroenterology*. The five-year appointment began June 1. Dr. Rabeneck will also serve as Guest Associate Editor.

July, 1999

Cheryl Anderson, PhD, presented "Social Cognitive Factors Influencing Physical Activity Among Middle-aged Minority Women," at the annual meeting of the American College of Sports Medicine, Seattle, WA.

Dr. Howard S. Gordon was selected as a reviewer for the *Journal of Clinical Epidemiology*. Congratulations to Johnnie Woods, MS, CHF-QUERI program assistant, who was selected as one of 13 finalists in the 1999 Journal of General Internal Medicine Creative Medical Writing Contest. Johnnie's submission, "I am a large white toad," was among 70 entries, and

appeared in the July issue of *JGIM*.

Dr. Laura Petersen was selected for the Research Relationships Issue Team, Baylor College of Medicine and selected as site PI for "Lipid Measurement and Management System," a project of VHA HSR&D QUERI IHD.

Drs. Margaret Byrne and Nancy Petersen presented at the Annual Association for Health Services Research (AHSR) meeting held in Chicago, IL on June 27-29, 1999. Margaret Byrne, PhD, presented "Effect of Facility-Level Characteristics on Patient Care." Nancy J. Petersen, PhD, presented "The Use of Risk-Adjusted Mortality Rates to Monitor Performance of Acute Care Facilities in the Department of Veterans Affairs."

August, 1999

Drs. Paul Haidet and Debora A. Paterniti presented "A Novel Method of Fostering Patient Centered Care" at the International Communication in Medicine Conference, July 22, 1999, Chicago, IL.

Dr. Tracie C. Collins

(pictured left), general internist, has been selected as a finalist for the prestigious Robert Wood Johnson Foundation Minority Medical Faculty Development Award, a first in the Houston VAMC's history.



Dr. R. Brian Giesler, an affiliate investigator, pub-

lished "Assessing the Performance of Utility Elicitation Techniques in the Absence of a Gold Standard," in *Med Care* 1999; 37:580-8.

Dr. Terri Menke has been appointed to an expert panel that will assist the new VA Health Economics Resource Center (HERC), located at the Palo Alto VA.

September, 1999

Kimberly Wristers, PhD presented "Definition and Measurement of Sex-Role Attributions: Comparing Responses from 1973 and 1997," with Dr. L. Tote-Stockman, at the 106th Annual Convention of the American Psychological Association.



In the news...

The New York Times and *Houston Chronicle* interviewed **Dr. Nelda P. Wray** regarding her research on the placebo effect and Arthroscopic Treatment of Osteoarthritis of the Knee.

UPI, *Reuters News Service*, and *Stars and Stripes* interviewed **Dr. Carol M. Ashton** about her research on Geographic Variation in Hospital and Clinic Utilization Rates in the VA Health Care System. Dr. Ashton's research was published in the *New England Journal of Medicine*.

The Texas Medical Center News, a local publication with a circulation of 50,000, featured a news article on **Dr. Howard S. Gordon** and his research on the relationship between Gender and In-hospital Death. Dr. Gordon's research was published in *Medical Care*.

Dr. Laura Petersen was interviewed by two local radio stations, *KTRH* and *KUHF* public radio, about her research on Non-Urgent Care and Emergency Department Use. Dr. Petersen's research was published in *Medical Care*.

Drs. Linda Rabeneck, Tracie C. Collins and Margaret Byrne were highlighted in the *Houston Chronicle* for their research and professional achievements.

Drs. Rabeneck, Gordon, and Petersen are VA Research Career Development Awardees.



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